

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027828

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 24 1962

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN		c. CITY OR TOWN FREDERICKTOWN	
Length of stay in 1b 9 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No.2 DEGUIRE APTS.		d. STREET ADDRESS (If outside, give location) No.2, DEGUIRE APTS.	
3. NAME OF DECEASED (Type or print) First VIRGIL Middle PAYNE, JR. Last PAYNE, JR.		4. DATE OF DEATH Month JULY Day 16 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-1-1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCK LABORER - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) BLACK ROCK, ARK.
13a. FATHER'S NAME VIRGIL PAYNE, SR.		13b. MOTHER'S MAIDEN NAME MOLLIE B. SMITH	14. NAME OF HUSBAND OR WIFE JULIA PAYNE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WORLD WAR II		17. INFORMANT JULIA PAYNE, FREDERICKTOWN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Acute Coronary Occlusion DUE TO (c) Arterio sclerotic cardio vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from July 16, 1962 , to July 16, 1962 and last saw her him alive on July 16, 1962 Death occurred at 6:55 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arthur D. Newcomb M.D.		22b. ADDRESS 115 S. Wood Fredericktown, Mo.	22c. DATE SIGNED 7-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-19-62	23c. NAME OF CEMETERY OR CREMATORY UNION Light Cemetery	23d. LOCATION (City, town, or county) (State) BOLLINGER COUNTY, MISSOURI
24. FUNERAL DIRECTOR SAM NAJIM, JR., FREDERICKTOWN, MO.		25. DATE RECD. BY LOCAL REG. 7-17-1962	26. REGISTRAR'S SIGNATURE Arrence St. Charles

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1962

AUG 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Davis Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.